

CLAIMS ONLY							Application Number <b>10803902</b>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
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Total Indep	1		1							
Total Depend	4		4							
Total Claims	5		5							

**BEST AVAILABLE COPY**